

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/19/2011
FORM APPROVED
OMB NO. 0938-0391

OTC 8/21/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/13/2011
NAME OF PROVIDER OR SUPPLIER MABRY HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 157 SS=D	<p>Complaints #TN00028093 and TN00028170 were investigated on July 13, 2011, at Mabry Health Care. No deficiencies were cited in relation to complaint #TN00028170.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>	F 157	<p>An inservice educating nursing staff to notify the MD, POA/responsible party, and resident of any changes in the resident's physical, mental or psychosocial status will be completed. This inservice will also include properly documenting the notification. The inservice will be completed by the D.O.N. or designee by July 26, 2011.</p> <p>An audit of 20% of all residents with changes in physical, mental or psychosocial status will be completed for 3 months, beginning July 2011 to ensure compliance. This audit will be completed by the D.O.N. or designee.</p> <p>Resident #3 was discharged from the facility to the hospital on May 25, 2011.</p> <p>Results of the audit will be reviewed through the QIP committee →</p>	08/27/2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kathleen M. Graves

TITLE

Adm.

(X6) DATE

7-27-2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER MABRY HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38582		
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F 157	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, and interview, the facility failed to ensure proper notification of the resident's family of a change in condition for one (#3) of six residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed resident #3 was admitted to the facility on March 5, 2007, and readmitted on February 10, 2011, with diagnoses to include Dementia, Hypertension, Weight Loss, and Anorexia. Review of a nursing assessment dated May 5, 2011, revealed the resident was rarely understood; had both short and long-term memory problems; had severely impaired cognitive skills; required total assistance with bathing, grooming, dressing, eating, and transfers; was incontinent of bowel and bladder; and had difficulty swallowing due to cognitive deficits.</p> <p>Medical record review of a nursing entry dated February 9, 2011, revealed "Buttock conts (continues) to be slightly red. (R) (right) hip has no red area noted this date". Further medical record review of a physician's order dated February 8, 2011, revealed "Apply Calmasyn ointment to clear buttock area TID (three times daily) prn (as needed)". Continued medical record review of a nursing note dated February 16, 2011, revealed "Resident noted to have st. (stage) 2 area to rt. (right) buttock, MD (physician) notified". Further medical record review of a physician's</p>	F 157	<p>New interventions will be developed and inservice, if needed.</p> <p>All residents' charts were reviewed by the DON & RNS to ensure proper notification.</p> <p>Permission given by Adm. Ms. Graves to add information to plan of correction.</p> <p>7/28/11 11:30 AM MaryAnn Dyke RN</p>		

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HEALTH CARE FACILITY

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F 157	<p>Continued From page 2</p> <p>order dated February 16, 2011, revealed "Cleanse rt. buttock with w/c (wound cleanser) pat dry apply Bactroban oint (ointment) QID (four times daily) and prn til healed".</p> <p>Medical record review of nursing notes dated February 16, 2011, revealed no documentation the resident's legal representative was notified of the appearance of a pressure ulcer.</p> <p>Interview with the Social Worker on July 13, 2011, at 2:40 p.m., in the classroom, revealed "... if there is a change in the level of care a letter is sent to the POA/emergency contact. If there is an issue such as a pressure ulcer, the nurse would discuss it with the family".</p> <p>Interview with the Assistant Director of Nursing and acting Director of Nursing (ADON) on July 13, 2011, at 2:50 p.m., in the classroom, revealed the nurse on the hall is "supposed to notify the POA/emergency contact of a change in a resident's condition" and also the nurse is "supposed to document in the record the family was notified of the condition change".</p> <p>Review of the facility policy entitled "Procedure and Policy" revealed "If a resident's health or cognition changes we inform the resident's family through a phone call from the charge nurse after the physician has been notified and is aware of the situation".</p> <p>Interview on July 13, 2011, at 4:10 p.m., in the Billing Office, the ADON confirmed the family had not been informed the resident had developed a pressure ulcer.</p>	F 157			